## STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

## **RECEIVED**

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PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

(603) 225-5597 (603) 225-5817 e-mail gbalkvs (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may file a reportable expense transactions which are not attributable to any one client).  Vall reportable transactions occurring in the months prior to the reporting date relative to the follows:	separate report for
County State Home Health Association  (Name of partnership, firm or corporation)  8 Glun St. Conlord NH O.  Business Address: (Street) (Town/City) (State)  (103) 225-5597 (103) 225-5817 e-mail gbalkv5 (Fax)  III. This statement covers: (Choose one – file separate reports for each client, OR you may file a reportable expense transactions which are not attributable to any one client).  Vall reportable transactions occurring in the months prior to the reporting date relative to the follows:	honglanenh.
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Business Address: (Street) (Town/City) (State)  (\$\lambda 0 \frac{3}{3} \frac{275-5597}{(Telephone)} (\lambda 0 \frac{3}{3} \frac{275-5817}{(Fax)} e-mail \frac{9\lambda 0 \lambda 0 \lambda 0 \lambda 0 \lambda 0 \lambda 0 \rangle a \text{reports for each client, OR you may file a reportable expense transactions which are not attributable to any one client).  \[ \text{All reportable transactions occurring in the months prior to the reporting date relative to the follow.} \]	honglanenh.
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Grante State Home Health Hospitation	
(Full Name of Client as it appears on the Lobbyist Registration Form)	
<u>OR</u>	
$\Box$ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm liquin annelated to any particular client.	sted below which are
IV. Date of Report April 26, 2017 U July 26, 2017 E  Reports cover: activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17	
October 25, 2017   January 31, 2018   activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17	
V. There have been no fees received and no reportable transactions made since the last If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Ho Concord, NH 03301.	
VI. Check if additional reports are attached:	
If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses	
. If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of I Expense Reimbursement	Honorariums or
If you, your firm, or your family has made political contributions, you must file Addendum C-P	olitical Contribution
Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoin and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)  (Print Name of lobbyist)	g information is true

# P L E A S E P R I N T

## STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Gin M. Balkus	
II. Name of lobbyist's partnership, firm or corporation, if any;  (1) Anite State Home Health 145001	in from
(Name of same and in fine an analysis)	
III. Name of Client Granite Hate Home Health Associa	tt Date 1/9/18
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations service
a) Total of all fees received in this reporting period	a) \$3921
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	b) \$ ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>392/</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditured at the expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all e: meals purchased during a busines as than \$10 that is given to the person d with a value of \$25.00 or less); and rting period of greater than \$25.00 for he of greater than \$25, purchase of a r than \$25, but not greater than \$50 expense reimbursement, or politica
<ul><li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li><li>b) Total aggregate of expenditures during this reporting period, not reported</li></ul>	a) \$
in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	ns 4868
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Malkus	1/9/10
(Signature of lobbyist) (SILL M. Dally	'(Øate)
(Print Name of lobbyist)	